

HC. 4431

WILTSHIRE COUNTY COUNCIL

Annual Report

OF THE



Principal School Medical Officer

Being the report required to be made by the Principal School Medical Officer under Section 92
of the Education Act, 1944

FOR THE YEAR

1968



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Foreword

In the Foreword of the last Annual Report I gave an outline of the purposes and methods of operation of the School Health Service. This account showed the close inter-relationship of the School Health Service and all three branches of the National Health Service. This is particularly relevant now that reorganisation both of local government and of the National Health Service is under discussion. It is essential to include the health services for school children in any future unified National Health Service in order to continue and improve the link with the specialist hospital services, which are needed during school life as at any other time, and with the general practitioners who provide general medical services for the family. However, it is also necessary that the relationship of co-operation and close understanding with educationalists and teachers shall be maintained. Among the many facets of the question of health service unification this is one which requires very careful thought nationally and locally.

As in recent years this report is mainly in the form of data with only short explanatory paragraphs. It shows that, in spite of an increasing load and the need for very strict economy, the work of the service has been reasonably well maintained. The main gaps are the absence of a special school for physically handicapped children together with the possible need for further development of day units for those for whom residential schooling is not essential, and more special classes for educationally subnormal children. Consideration is being given to all of these.

The school for maladjusted boys is now under construction at Devizes and this will fill another important gap.

Unfortunately a shortage of speech therapists continues to cause a long waiting list.

The most obvious and unnecessary of the deficiencies is the deficiency of fluoride in the water, referred to in the report of the Chief Dental Officer on page 28.

The unnecessarily serious incidence of dental decay, with the consequent avoidable suffering and expense, is among the most notable features of the health of school children in Wiltshire in 1968.

As always the School Health Service owes a great deal to the skill, enthusiasm and hard work of the staff and to the help and co-operation of general practitioners and hospital specialists.

I wish to thank also the Chief Education Officer and the staff of the Education Department, as well as the teachers, for their ready help.

C. D. L. LYCETT.

County Hall,
Trowbridge.

Staff

Principal School Medical Officer and County Medical Officer of Health :—

C. D. L. Lycett, M.D., B.S., D.P.H.

Deputy Principal School Medical Officer and Deputy County Medical Officer of Health :—

J. H. Whittles, *T.D.*, M.D., B.S., B.Sc., D.P.H.

Senior Medical Officers :—

E. Hazel Williams, M.B., B.S., D.P.H., D.C.H.

S. W. W. Terry, M.B., B.S., D.P.H., D.T.M. and H.

Principal Borough School Medical Officer and Medical Officer of Health for Swindon :—

J. Urquhart, M.B., Ch.B., D.P.H.

School Medical Officers :—

P. C. Barry, L.R.C.P. and S., D.P.H. (Also Medical Officer of Health, Devizes Borough and Devizes Rural District).

C. L. Broomhead, *T.D.*, M.D., B.Ch., B.A.O., D.P.H. (Also Medical Officer of Health, Calne Borough, Chippenham Borough, Malmesbury Borough, Calne and Chippenham Rural District, Malmesbury Rural District). (Retired 18.10.68).

J. L. Davies, M.B., B.S., D.P.H. (Also Medical Officer of Health, Trowbridge Urban District and Bradford-on-Avon Urban District).

F. R. J. Hollins, B.A., M.B., B.Ch., B.A.O., D.P.H. (Also Medical Officer of Health, Salisbury City).

E. H. Lamb, M.B., Ch.B., D.P.H., D.I.H. (Also Medical Officer of Health, Cricklade and Wootton Bassett Rural District).

F. J. G. Lishman, M.D., B.S., D.P.H., D.L.O., L.M.C. (Canada). (Also Medical Officer of Health, Wilton Borough, Salisbury and Wilton Rural District, Mere and Tisbury Rural District).

C. P. B. Parry, M.R.C.S., L.R.C.P., D.A., D.P.H. (Also Medical Officer of Health, Highworth Rural District).

J. Reynolds, *M.C.*, L.R.C.P., L.R.C.S., L.R.F.P.S., D.P.H. (Also Medical Officer of Health, Warminster Urban District, Westbury Urban District, Warminster and Westbury Rural District).

F. D. F. Steede, M.B., B.Ch., B.A.O., D.P.H. (also Medical Officer of Health, Marlborough Borough, Amesbury Rural District, Pewsey Rural District, Marlborough and Ramsbury Rural District).

G. Wolfenden, M.B., B.Ch., B.A.O., D.P.H. (Also Medical Officer of Health, Melksham Urban District and Bradford and Melksham Rural District).

J. R. R. Wray, M.R.C.S., L.R.C.P., D.P.H. (Also Medical Officer of Health, Calne Borough, Chippenham Borough, Malmesbury Borough, Calne and Chippenham Rural District, Malmesbury Rural District. (Commenced 19.10.68).

A. F. Fowler, M.R.C.S., L.R.C.P., D.T.M. and H., D.P.H.

H. Margaret Hammond, M.B., Ch.B.

J. S. Harper, M.B., Ch.B., M.R.C.P., D.P.H.

Angela M. Harris, M.B., Ch.B.

Delia F. Morris, M.B., B.S., D.P.H.

Blaguigna Popham, M.R.C.S., L.R.C.P., D.P.H.

Psychiatrists (Part-Time) :—

K. C. P. Smith, M.R.C.S., L.R.C.P., D.P.M.

T. A. A. Hunter, B.A., M.B., B.Ch., M.R.C.P.

Educational Psychologists :—

C. S. Rushton, B.A.

R. C. Hamilton, M.A., Ed.B., B.Sc., B.Litt.

Psychiatric Social Worker :—

Mrs. D. J. Runswick.

Trainee Psychiatric Social Worker :—

Miss R. Webber

Child Guidance Social Worker :—

Mrs. M. Kellas (Part-Time).

Principal School Dental Officer and Chief Dental Officer :—
D. Middleton, L.D.S.

Area Dental Officer :—
W. A. Humpherson, L.D.S., B.D.S.

Orthodontist :—
Dorothy M. Y. Campbell, L.D.S., D.D.O.

School Dental Officers :—
M. F. Ashby, L.D.S.
P. M. H. Balfe, B.D.S.
Patricia Ensum, L.D.S.
A. E. Fisher, B.D.S.
C. A. J. Heath, L.D.S.
I. Hopes, B.D.S.
D. T. Lacey, B.D.S. (Commenced 1.7.68).
E. G. H. Lightfoot, L.D.S.
R. J. McFeat, L.D.S.
R. S. McMinn, L.D.S.
D. A. Newton, B.D.S.
E. H. Randerson, L.D.S.

Dental Auxiliaries :—
Miss J. M. F. Hadingham. (Commenced 1.10.68).
Mrs. H. Meays.
Miss S. V. Pierce (Commenced 4.6.68).
Miss H. Rumford (Resigned 17.3.68).
Miss D. R. Williams.

Chief Administrative Assistant :—
R. M. Bainton.

Remedial Instructresses :—
Mrs. C. Hett.
Miss D. M. Jones.
Miss R. M. Slinger.

Speech Therapists :—
Miss J. L. Cox (Resigned 2.9.68).
Mrs. M. Howard (Commenced 20.5.68).
Mrs. B. Kellow (Resigned 17.5.68).
Miss E. A. Miles (Commenced 3.9.68).

Hearing Therapist :—
D. W. Brown, B.A.

Audiometricians (Part-Time) :—
Mrs. S. Lovelock.
Mrs. R. Matthews (Commenced 27.2.68).

The establishment of medical officers is sixteen. Ten medical officers are also district medical officers of health and all share the clinical work of the School Health Service. The time devoted by medical officers, apart from headquarters medical staff, to the School Health Service is equivalent to 6.5 full-time medical officers. Dr. C. L. Broomhead, Dr. R. Beswick, and Dr. E. M. Voigt were employed on a part-time sessional basis.

The dental establishment is one Principal School Dental Officer, one Area Dental Officer, two orthodontists, fifteen school dental officers and six dental auxiliaries. At the end of 1968 there were vacancies for one orthodontist, three school dental officers and two auxiliaries. The following were employed on a part-time sessional basis :—

Mrs. A. R. Fawcett (orthodontist), Mrs. H. C. Peace (orthodontist), Mr. A. F. Craig and Mrs. J. Ellwood.

Although there are two educational psychologists on the School Health Service staff, they work half-time in the school psychological service, and two psychologists on the staff of the Education Department devote half of their time to child guidance work.

There are three whole-time school nurses and 82 health visitor/school nurses. In the aggregate this is equivalent to the services of approximately 14 whole-time nurses.

Mrs. E. M. Blakeney continued to be employed on a part-time sessional basis as remedial instructress throughout the year.

The establishment of speech therapists is five. At the end of 1968 two of the posts were filled and Mrs. P. J. Hoare, Mrs. C. M. Richardson, Mrs. E. Broadbent and Mrs. J. Coates were employed on a part-time basis.

School Population

The number on the rolls of maintained schools, excluding the Borough of Swindon, in January of each of the previous ten years is given below :—

Year	1959	...	...	...	...	...	47,289
	1960	...	...	...	...	...	47,854
	1961	...	...	...	...	...	48,270
	1962	...	...	...	...	...	48,611
	1963	...	...	...	...	...	49,643
	1964	...	...	...	...	...	51,516
	1965	...	...	...	...	...	53,465
	1966	...	...	...	...	...	55,009
	1967	...	...	...	...	...	57,036
	1968	...	...	...	...	...	60,103

In January 1969 the details were as follows :—

								<i>Number of Schools</i>	<i>Number on Roll</i>
Primary	...	...	...	...	...	...	...	283	39,850
Secondary :—									
Modern	...	...	...	...	...	...	...	30	13,577
Comprehensive	...	...	...	...	...	...	...	6	3,466
Grammar	...	...	...	...	...	...	...	9	4,604
Technical	...	...	...	...	...	...	...	2	283
Special Schools for E.S.N. Boys and Girls						...	...	2	179
Hospital Special Schools	...	...	...	...	...	...	...	1	55
Direct Grant, Non-maintained and Independent Schools (under arrangements made by the Authority)						...	...	—	605
								333	62,619
Excepted District of Swindon (in addition) :—									
Primary	...	...	...	...	...	...	...	42	11,929
Secondary Comprehensive				...	...	...	...	14	8,608
Special Schools for E.S.N. Boys and Girls	...					...	...	2	221
								58	20,758

Medical Examinations and Treatment

The number of children examined and re-examined during 1968 are given below. The figures in brackets are for the year 1967 :—

Entrant Examination	...	...	...	...	...	...	...	6,421	(5,792)
Leaver Examination	...	...	...	...	...	...	...	3,869	(3,692)
Intermediate and other periodic examinations					...	...	...	6,036	(6,599)
(Pupils admitted to grammar schools who had not previously been examined or missed examination at the age of 10, primary and secondary modern school children who had missed examination in their age groups and children examined at the age of eight in one pilot area)									
Special Examinations	...	...	...	...	...	...	...	16,326	(16,083)
								208	(185)
								16,534	(16,268)
Re-examinations	...	...	...	...	...	...	...	4,732	(4,618)

The arrears of medical examinations at the end of 1968 were 1,358 children in 29 schools. This was 498 fewer than the arrears at the end of 1967.

The following table shows the proportion of parents who attended at the children's medical examinations :—

				Percentage of parents present				
				1964	1965	1966	1967	1968
Entrant examination	...	...	...	87.9	87.6	83.7	86.7	87.1
Leaver examination	...	...	...	14.4	12.1	13.6	12.2	11.8
Other periodic examinations	...	...	...	67.4	66.9	74.7	69.2	69.6
All periodic examinations	...	...	...	60.4	58.9	63.7	62.4	63.1

Pilot schemes of alternative methods of medical examination were continued during the year. One of these in the Stratton, Wroughton, Highworth and Marlborough secondary modern school areas involves the examination of an additional age group as a routine at the age of eight, and the other in the Calne and Chippenham secondary modern school areas is of the selective method of medical examination. In the reports for 1962 and 1963 a description was given of an attempt to assess the effectiveness of the pilot scheme of selective medical examination. It is intended shortly to produce a report on the outcome.

FINDINGS AT MEDICAL EXAMINATIONS

The percentage of children whose general physical condition was recorded as unsatisfactory at periodic medical examinations since 1958 has consistently improved and was as follows :—

	1958	1959	1960	1961	1962	1963	1964	1965	1966	1967	1968
Percentage unsatisfactory	4.6	3.2	1.7	1.0	1.2	0.8	0.8	0.6	0.6	0.4	0.2

The numbers of children in each main age group found to require treatment were as follows :—

Age Groups Examined	For defective vision (excluding squint)	For any of the other conditions recorded	Total individual pupils
Entrants	239	1,075	1,186
Leaver Examinations ...	352	439	690
Other periodic examinations	408	903	1,174
	999	2,417	3,050

Total number of children examined	16,326
Percentage of those examined found to require treatment...	18.6
Percentage of those examined found to require treatment for conditions other than defective vision	14.8

Comparative figures over a period of five years are given in the table below. The first column in each year is the number of children who needed treatment for any condition, including defective vision. The figures in brackets exclude children who were found to need treatment for defective vision only.

Percentage of children examined found to require treatment :—

	1964	1965	1966	1967	1968
Entrants	23.1 (23.2)	23.1 (19.7)	21.1 (19.5)	19.7 (17.2)	18.5 (16.7)
Leaver examinations	27.1 (17.0)	30.5 (17.3)	19.7 (12.7)	16.7 (10.0)	17.8 (11.3)
Other periodic examinations	27.0 (23.1)	25.9 (20.8)	24.1 (18.8)	19.6 (15.1)	19.5 (15.0)
All examinations	25.5 (21.5)	25.5 (19.1)	21.9 (17.6)	19.0 (14.7)	18.6 (14.8)

The following tables show the number of children in each year of birth found to have satisfactory or unsatisfactory physical condition and to require treatment.

Age Groups inspected (By year of Birth)	No. of Pupils who have received a full medical examination	Physical condition of pupils examined		Pupils found to require treatment (excluding dental diseases and infestation with vermin)		
		Satisfactory	Unsatisfactory	for defective vision (excluding squint)	for any other condition	Total Individual pupils
		No.	No.			
(1)	(2)	(3)	(4)	(5)	(6)	(7)
1964 and later	200	200	—	4	12	13
1963	3,486	3,484	2	116	532	575
1962	2,735	2,728	7	119	531	598
1961	720	720	—	40	125	149
1960	780	779	1	43	121	153
1959	244	244	—	22	41	60
1958	3,337	3,321	16	229	498	642
1957	699	699	—	46	85	116
1956	82	82	—	9	9	15
1955	174	174	—	19	24	39
1954	2,574	2,564	10	194	279	419
1953 and earlier	1,295	1,295	—	158	160	271
TOTAL	16,326	16,290	36	999	2,417	3,050

RETURN OF DEFECTS FOUND BY MEDICAL EXAMINATION

Defect or Disease								Periodic Examinations				Special Examina- tions
								Entrants	Leavers	Others	Total	
Skin	...	...	...	...	...	...	T	110	94	88	292	1
							O	86	30	46	162	—
Eyes—	(a)	Vision	...	...	...	...	T	239	352	408	999	14
							O	725	165	268	1,158	9
	(b)	Squint	...	...	...	...	T	110	9	50	169	2
							O	48	11	30	89	2
	(c)	Other	...	...	...	...	T	16	3	16	35	1
							O	11	8	4	23	—
Ears—	(a)	Hearing	...	...	...	...	T	97	8	40	145	9
							O	284	28	82	394	22
	(b)	Otitis Media	...	...	...	...	T	47	3	20	70	3
							O	98	6	24	128	1
	(c)	Other	...	...	...	...	T	12	2	20	34	1
							O	22	6	6	34	—
Nose and Throat	...	...	...	...	...	...	T	177	25	66	368	3
							O	411	31	80	522	5
Speech	...	...	...	...	...	...	T	68	11	30	109	5
							O	87	1	13	101	2
Lymphatic Glands	...	...	...	...	...	...	T	3	—	1	4	1
							O	69	—	15	84	—
Heart	...	...	...	...	...	...	T	29	8	16	53	—
							O	28	24	18	70	—
Lungs	...	...	...	...	...	...	T	30	23	27	80	1
							O	78	22	37	137	1
Developmental	(a)	Hernia	...	...	...	...	T	19	1	4	24	—
							O	18	1	2	21	—
	(b)	Other	...	...	...	...	T	19	11	46	76	1
							O	88	17	53	158	—
Orthopaedic—	(a)	Posture	...	...	...	...	T	42	44	58	144	3
							O	25	11	15	51	2
	(b)	Feet	...	...	...	...	T	309	39	173	521	7
							O	120	16	27	163	2
	(c)	Other	...	...	...	...	T	94	23	54	171	2
							O	67	19	26	112	—
Nervous System—	(a)	Epilepsy	...	...	...	...	T	8	13	11	32	3
							O	10	4	10	24	4
	(b)	Other	...	...	...	...	T	24	7	20	51	—
							O	89	10	7	106	—
Psychological—	(a)	Development	...	...	...	...	T	9	13	25	47	2
							O	78	7	64	149	1
	(b)	Stability	...	...	...	...	T	28	6	24	58	—
							O	55	5	29	89	2
Abdomen	...	...	...	...	...	...	T	19	6	11	36	1
							O	26	3	5	34	—
Other	...	...	...	...	...	...	T	59	28	62	149	3
							O	76	17	31	124	3

T—Requiring Treatment O—Requiring Observation

CLEANLINESS

The total number of examinations by school health visitors carried out in 1968 was 96,313.

The following table shows the incidence of infestation in the last ten years.

			1959	1960	1961	1962	1963	1964	1965	1966	1967	1968
Children found to be infested	...	...	226	203	199	268	211	186	186	202	139	114
Percentage of school population	...	...	0.472	0.421	0.409	0.540	0.410	0.349	0.345	0.354	0.234	0.206
Cleansing notices issued	...	...	26	40	41	42	53	35	26	20	20	12

In primary schools children are examined by school health visitors once every term. If any children in a school are found to be infested with lice or to have any other conditions requiring attention, they are followed up at home if necessary and a further examination is carried out to check that there is no further infestation in the school.

In secondary modern schools the school health visitors see each child individually and the emphasis is more on general advice on health matters than on the search for head lice.

SKIN CONDITIONS AND OTHER MINOR AILMENTS

Details are given below of children who attended medical officers' clinics because of skin conditions or other minor ailments, and of those noted by school health visitors at their routine visits to schools.

							Attended School Medical Officer's Clinic				Reported by School Health Visitor		Total	
							Salisbury		Trowbridge					
SKIN CONDITIONS :—														
Ringworm :		(a) Scalp	...	...	...	...	—	(—)	—	(—)	—	(—)	—	(—)
		(b) Body	...	...	...	...	—	(—)	—	(—)	—	(4)	—	(4)
Scabies ...		...	...	...	...	...	—	(—)	—	(—)	8	(14)	8	(14)
Impetigo		...	...	...	...	...	—	(—)	—	(—)	9	(11)	9	(11)
Others—														
Rashes		...	...	...	...	...	3	(2)	—	(—)	1	(1)	4	(3)
Warts		...	...	...	...	...	35	(62)	3	(—)	—	(—)	38	(62)
Veruccae and Corns		...	...	...	...	...	6	(4)	93	(82)	—	(—)	99	(86)
Boils ...		...	...	...	...	...	3	(—)	—	(—)	—	(1)	3	(1)
Sores		...	...	...	...	...	4	(5)	—	(—)	—	(2)	4	(7)
Eczema		...	...	...	...	...	3	(3)	—	(—)	—	(—)	3	(3)
Dermatitis		...	...	...	...	...	—	(10)	—	(—)	—	(—)	—	(10)
Dandruff		...	...	...	...	...	12	(12)	—	(—)	—	(—)	12	(12)
Skin Spots		...	...	...	...	...	10	(2)	—	(—)	—	(—)	10	(2)
Herpes		...	...	...	...	...	2	(6)	—	(—)	—	(—)	2	(6)
Abrasions		...	...	...	...	...	12	(—)	—	(—)	—	(—)	12	(—)
							90	(106)	96	(82)	18	(33)	204	(221)
EXTERNAL EYE CONDITIONS :—														
Blepharitis ...		...	...	...	...	...	2	(4)	—	(—)	—	(—)	2	(4)
Conjunctivitis		...	...	...	...	...	—	(1)	—	(—)	—	(—)	—	(1)
OTHER MINOR AILMENTS							33	(51)	—	(—)	13	(1)	46	(52)
NUMBER WHO ATTENDED							145	(162)	—	(12)	—	(—)	145	(174)
TOTAL ATTENDANCES							176	(213)	—	(12)	—	(—)	176	(235)

The cases of impetigo recorded in the table were sporadic and there was no significant concentration at any one school.

The figures in brackets relate to 1967.

Other Examinations

Special examinations under the following headings were undertaken by the school medical officers.

EMPLOYMENT OF CHILDREN AND YOUNG PERSONS

						1968	1967
Children examined	...	...	...	...	...	224	(266)
Children considered unfit for employment					...	1	(1)

CHILDREN IN CARE

Medical Officers visit homes maintained by the Children's Committee to examine children periodically, and to discuss with the Staff any general health problems concerning children in the homes.

Dr. T. A. A. Hunter, child guidance psychiatrist, pays regular visits to the Starfield Reception Centre to give general advice to the staff and to see children for assessment prior to case conferences held there. The children for assessment are also medically examined by a school medical officer. Dr. E. H. Williams, senior medical officer, and Dr. Hunter attend the case conferences.

Young people in hostels for working boys and girls are examined annually by the general practitioners for the hostels.

Children who are boarded out are medically examined annually. There is an opportunity for school medical officers to do this when they are at the children's schools for periodic medical examinations. If this cannot be done the examinations are carried out by the foster parents' family doctors.

MEDICAL EXAMINATIONS OF ENTRANTS TO COURSES OF TRAINING FOR TEACHING AND TO THE TEACHING PROFESSION

The following examinations were carried out under this heading :—

Candidates for admission to teachers' training colleges	353	(240)
Candidates for entry to the teaching profession	...	6 (17)

The figures in brackets relate to 1967

Special Forms of Diagnosis and Treatment

HEARING LOSS IN SCHOOL CHILDREN

The following table shows the extent to which the routine audiometric testing was carried out in 1968 with comparative figures for 1967.

Carried forward from 1967	...	...	...	...	...	1,951
Entrants in 1968	...	...	...	...	...	8,077
Total for testing in 1968	...	...	...	...	...	10,028

	1967	1968
Tested ...	5,097 (72.2% of those due for testing)	7,876 (78.5% of those due for testing)
Absent from school at the time of test	511 (7.3% of those due for testing)	406 (4.0% of those due for testing)
Children at schools not visited	1,117 (15.9% of those due for testing)	759 (7.6% of those due for testing)
Could not be tested in time available while at schools	323 (4.6% of those due for testing)	987 (9.9% of those due for testing)
Total arrears to be dealt with in 1969	2,152 (21.5% of those due for testing)	

These arrears were due to the illness of one of the part-time audiometricians.

The results of the testing are given below.

	Entrants	Specials	Repeats	Total
Children Tested	7,876	810	680	9,366
No definite result	395	15	39	449
Children who failed the test	643	197	58	898
Percentage of failures in children completing test	8.1%	24.3%	8.6%	9.5%
Under observation by hearing therapist	7	—	—	7
Audiogram repeated and result satisfactory	62	6	2	70
Audiogram to be repeated and result awaited at the end of the year	68	14	4	86
No action necessary after further investigation	92	30	12	134
Awaiting examination by S.M.O. on 31.12.68	231	74	24	329
Already under observation at E.N.T. clinic and audiogram forwarded	7	9	1	17
Referred to family doctor	9	3	1	13
Referred to E.N.T. clinics	63	26	3	92
Removed to other areas	17	5	1	23
Under observation by S.M.O. on 31.12.68	83	30	10	123
Referred to hearing clinic	4	—	—	4
To sit in front of class	46	11	5	62

Note: “ Specials ” are children other than entrants who are tested at the request of head teachers, ear, nose and throat specialists, or for whom a hearing test is considered desirable.

“ Repeats ” are children whose earlier tests have not produced a definite result or have shown only a very slight hearing loss which has not called for any action apart from observation.

The following tables show the outcome of the reference to ear, nose and throat clinics as a result of audiometry

(a) Attendance at E.N.T. Clinics as a result of Audiometry

Children referred to E.N.T. Clinics	...	...	...	92	(120)
Attended	...	...	...	57	(96)
Failed to attend	...	...	...	—	(—)
Awaiting appointments	...	...	...	35	(24)

The figures in brackets relate to 1967

(b) Results of attendance at E.N.T. Clinics

	Tested in 1964				Tested in 1965				Tested in 1966				Tested in 1967				Tested in 1968			
	Entrants	Specials	Repeats	TOTAL	Entrants	Specials	Repeats	TOTAL	Entrants	Specials	Repeats	TOTAL	Entrants	Specials	Repeats	TOTAL	Entrants	Specials	Repeats	TOTAL
Tonsils and adenoids removed or other operation performed and hearing then satisfactory	70	4	15	89	44	6	8	58	54	6	8	68	25	4	6	35	4	—	—	4
Had treatment other then operation and hearing then satisfactory	27	5	11	43	25	7	7	39	26	7	7	40	7	—	2	9	3	1	—	4
Loss of hearing due to wax ; wax removed and hearing satisfactory	12	3	1	16	16	—	—	16	7	2	—	9	5	—	—	5	2	—	—	2
Discharged after period of clinic attendance, hearing satisfactory	4	1	2	7	3	—	—	3	5	2	—	7	—	1	—	1	—	—	—	—
Discharged from clinic after one or more visits and no treatment. Hearing found to be within normal limits	40	3	7	50	43	6	3	52	27	5	5	37	19	—	2	21	8	—	—	8
Awaiting removal of tonsils and/or adenoids	—	—	—	—	—	—	—	—	5	—	—	5	15	—	1	16	11	6	1	18
Still under observation at clinic on 31.12.68	—	—	—	—	—	—	—	—	28	3	—	31	22	6	2	30	13	5	2	20
Left Wiltshire before investigated fully	12	1	2	15	22	1	1	24	12	2	5	19	10	1	1	12	—	1	—	1
Provided with hearing aid	—	1	—	1	1	—	—	1	—	—	—	—	—	1	—	1	—	—	—	—
Treatment refused by parent	2	—	—	2	—	1	1	2	1	—	—	1	—	—	—	—	—	—	—	—
TOTALS	167	18	38	223	154	21	20	195	165	27	25	217	104	13	14	130	41	13	3	57

HEARING THERAPIST

The Hearing Therapist follows up children of all ages who have a hearing loss. Although he works primarily with pre-school children, he devotes part of his time to school children and gives advice to parents and teachers. He supervises the use of hearing aids and visits homes while children are on holiday from special schools. There is a free exchange of information between hospital specialists, the hearing therapist, the audiometrician and the peripatetic teachers of the deaf on the staff of the Education Department.

The hearing therapist was seconded to Manchester University for a year's course from the beginning of October, and his work was carried on as far as possible by the peripatetic teachers of the partially hearing, and the figures given below include work undertaken by them.

Visits to Schools				Visits to Homes	
No. of schools visited	No. of visits to schools	No. of children visited at schools	No. of visits to children at schools	No. of children visited	No. of visits
72 (83)	126 (152)	189 (241)	207 (275)	24 (38)	35 (48)

The figures in brackets relate to 1967.

HEARING AIDS

Children provided with commercial aids	...	...	12	(6)
Number of children using hearing aids in ordinary schools	83	(71)		

ROUTINE SIGHT TESTING

	Age Groups		
	8		12
	Tested by Snellen charts	Tested by Keystone vision screener	Tested by Snellen charts
Number of children tested	4,532	259	4,252
Found to have normal vision	4,253 (93.8%)	227 (87.6%)	3,765 (88.5%)
Found to have slight visual defect and noted for further observation by medical officer at next school visit or already under observation	174 (3.8%)	9 (3.5%)	365 (8.6%)
Referred to eye clinics	105 (2.3%)	23 (8.9%)	122 (2.9%)

The following tables show the result of reference to eye clinics as a result of testing :—
(a) By the Keystone vision screener :

	1967	1968
Glasses prescribed	27	10
Kept under observation at the Eye Clinic	35	6
Referred to hospital for treatment	2	—
Discharged, no treatment needed	28	—
Parents sought treatment elsewhere	13	3
Failed to keep appointments	5	—
Left Wiltshire	20	2
Awaiting appointments on 31.12.68	1	1
Diagnosed as condition other than defective vision	—	1
	131	23

(b) By use of Snellen charts

	Aged 8	Aged 12				
	Tested in 1968	Tested in 1964	Tested in 1965	Tested in 1966	Tested in 1967	Tested in 1968
Glasses prescribed	41	53	38	32	50	7
Kept under observation at the eye clinic	23	24	19	39	12	8
Referred to hospital for investigation	2	1	4	3	—	—
Diagnosed as condition other than defective vision	2	2	—	—	—	—
Discharged from clinic—no treatment necessary	5	22	12	13	6	2
Parents sought treatment elsewhere	8	12	3	6	14	4
Left Wiltshire	7	20	9	7	13	—
Awaiting appointments at the end of 1968	10	—	—	—	—	99
Left school (previously under observation)	—	50	14	8	8	—
Failed to keep appointments	7	—	—	—	2	2
	105	184	99	114	103	122

SPEECH THERAPY

The following table shows the work done at the various centres during the year.

Number of children attended	...	...	547	(563)
Number of attendances	...	...	5,181	(6,369)
Awaiting appointments at 31.12.68	...	...	169	(220)
Conditions for which treatment was given				
Dyslalia	...	...	354	(405)
Stammer	...	...	68	(62)
Dyslalia and Stammer	...	...	16	(10)
Alalia	...	...	4	(8)
Spastic	...	...	9	(7)
Cleft palate	...	...	19	(14)
Partially hearing	...	...	7	(5)
Others	...	...	54	(46)
No defects	...	...	16	(6)

The figures in brackets relate to 1967.

REMEDIAL EXERCISES

(a)	Number of schools visited including those where P.E. Teachers conducted classes	...	252	(235)
(b)	Number of children treated	...	2,067	(2,164)
(c)	Number of children discharged during the year included under (b)	...	676	(660)

Conditions for which treatment given

Valgus ankles and flat feet	...	...	1,220	(1,275)
Persistent femoral antiversion	...	...	95	(73)
Knock knee	...	...	247	(227)
Curling and overlapping toes	...	...	163	(158)
Hallux valgus	...	...	43	(45)
Faulty posture (i.e. Juvenile Kyphosis, Scoliosis and Lordosis)	...	...	496	(541)
Faulty Thorax development (and Asthma)	...	...	249	(311)
Pes Cavus	...	...	4	(1)

The figures in brackets relate to 1967.

CHIROPODY

Arrangements have been made for chiropodists in private practice in Salisbury, Trowbridge, Malmesbury, Corsham and Chippenham to treat school children who have been found by school medical officers to need chiropody treatment. In 1968 the children treated in this way were as follows :—

Verrucae	...	...	76	(72)
Corns	...	...	15	(8)
Callosities	...	...	4	(—)
Ingrowing toenails	...	...	2	(2)
Total	...	...	97	(82)

The figures in brackets relate to 1967.

SPECIALIST CLINICS HELD BY ARRANGEMENT WITH REGIONAL HOSPITAL BOARDS

HEART CLINICS

The table below shows the work carried out during the year. Children who cannot conveniently attend the centres shown in the table and who need investigation for possible heart conditions are referred to the nearest paediatric out-patients department of a hospital.

Consultant	<i>Trowbridge</i> Dr. J. A. Cosh	<i>Corsham</i> Dr. J. A. Cosh	<i>Salisbury</i> Dr. R. G. M. Longridge	<i>Total</i>
New patients	6 (6)	5 (12)	11 (11)	22 (29)
Old patients	16 (9)	19 (17)	10 (13)	45 (39)
Total attendances	22 (15)	24 (29)	21 (24)	67 (68)

The figures in brackets relate to 1967.

EAR, NOSE AND THROAT CLINICS

The following table shows the number of school children known to have attended and to have received treatment at ear, nose and throat clinics during the year.

Attendances	...	...	...	...	...	...	...	1,513	(1,657)
Children examined	...	...	...	...	...	...	...	1,151	(1,232)
Children treated for nose and throat conditions :—									
Tonsils and/or adenoid operations	...	...	...	...	...	...	...	314	(322)
Other operations	...	...	...	...	...	...	...	22	(16)
Otherwise than by operation	...	...	...	...	...	...	...	20	(22)
Children treated for ear conditions :—									
Mastoid operations	...	...	...	...	...	...	...	7	(3)
Other ear operations	...	...	...	...	...	...	...	31	(26)
Otherwise than by operation	...	...	...	...	...	...	...	29	(26)

The figures in brackets relate to 1967.

EYE CLINICS

Details of attendances at eye clinics during the year were as follows :—

Number of children seen :									
New patients	...	...	...	...	...	...	...	917	(1,038)
Old patients	...	...	...	...	...	...	...	2,226	(2,539)
Total	...	...	...	...	...	...	...	3,143	(3,577)
Attendances	...	...	...	...	...	...	...	4,132	(4,351)
Children with eye conditions other than errors of refraction and squint								5	(7)
Children with errors of refraction and squint								3,205	(3,272)
Children for whom glasses were prescribed								1,298	(1,209)

The figures in brackets relate to 1967.

ORTHOPAEDIC TREATMENT

Number of children seen at orthopaedic clinics :—									
New patients	...	...	...	...	...	...	...	232	(189)
Old patients	...	...	...	...	...	...	...	665	(1,359)
Total	...	...	...	...	...	...	...	897	(1,548)
Attendances	...	...	...	...	...	...	...	2,201	(2,074)
Treated as in-patients at Bath and Wessex Orthopaedic Hospital								186	(143)

The figures in brackets relate to 1967.

OTHER SPECIALIST CONSULTATION AND TREATMENT

During 1968 appointments were made for 154 children as under

Paediatric	...	...	70	(65)
Skin	...	...	25	(16)
Surgical	...	...	45	(36)
Plastic	...	...	4	(8)
Gynaecological	...	...	1	(—)
Chest	...	...	8	(1)
Neurological	...	...	1	(—)
Total	...	...	154	(126)

The figures in brackets relate to 1967.

Many specialists send to the Principal School Medical Officer copies of reports concerning children who have been referred to hospitals otherwise than through the school health service. The number of such reports received in 1968 was 2,490. Information so received is followed up where necessary so that the children can have the benefit of services available through the Health Department when appropriate.

Child Guidance

The Child Guidance team during 1968 consisted of :—

- Dr. K. C. P. Smith, Psychiatrist.
- Dr. T. A. A. Hunter, Psychiatrist.
- Mr. R. A. Dare, Educational Psychologist.
- Mr. J. R. Green, Educational Psychologist.
- Mr. C. S. Rushton, Educational Psychologist.
- Mr. R. Hamilton, Educational Psychologist.
- Mrs. D. J. Runswick, Psychiatric Social Worker.
- Miss J. Pick, Psychiatric Social Worker (commenced 2.12.68).
- Mr. C. J. Humphreys, Child Guidance Social Worker (commenced 30.9.68).
- Miss R. Webber, Trainee Psychiatric Social Worker (resigned 30.9.68).
- Miss H. Reynolds, Trainee Psychiatric Social Worker (commenced 2.12.68).
- Mrs. M. Kellas, Part-time Child Guidance Social Worker.
- Miss J. Riddle, Secretary.
- Mrs. D. Murrin, Secretary (resigned 4.9.68).
- Miss I. Winfield, Secretary (commenced 21.10.68).

Centres

The child guidance sessions have been held in the following centres :—

The County Health Clinic, Trowbridge	...	...	...	...	Mondays all day
The Clinic, 81 Bath Road, Swindon	...	...	...	...	Thursdays all day
The Clinic, Priory Road, Swindon	...	...	...	...	Friday mornings.
The Central Health Clinic, Castle Street, Salisbury	...	...	...	...	Every Monday morning and 1st, 3rd and 5th Tuesday mornings.
The County Council Clinic, Fuller Avenue, Corsham (closed 28.5.68)	...	...	...	...	Morning of 2nd and 4th Tuesday of each month.
The County Council Clinic, Kingsbury Street, Marlborough	...	...	...	...	Afternoon of 2nd and 4th Tuesday in each month.
The County Health Clinic, Goldney Avenue, Chippenham	...	...	...	...	Tuesday mornings.
The Families Medical Centre, Military Hospital, Delhi Barracks, Tidworth	...	...	...	...	Afternoon of 1st and 3rd Friday in each month.
The County Council Clinic, New Park Street, Devizes (opened 11.6.68)	...	...	...	...	Morning of 2nd and 4th Tuesday in each month.

Case Load

In 1968, 334 children referred to the child guidance centres were seen by the psychiatrists and educational psychologists at the respective centres. When possible the homes were previously visited by the social workers.

	1963	1964	1965	1966	1967	1968
Number of initial interviews with children and parents	321	313	340	338	363	334
Number of children seen as a consultation only	24	22	26	5	9	11
Number of children seen by psychiatrists	609	613	642	746	760	717
Number of children discharged by psychiatrists	210	170	156	214	191	218
Total number of therapeutic interviews with children and parents by psychiatrists	1,405	1,599	1,348	1,528	1,727	1,717

- Number of children awaiting appointments at the end of 1968 : 75.
- Waiting time for first appointment at the end of 1968 : 3 months.

The distribution of the new cases between the various centres was as follows :—

	1963	1964	1965	1966	1967	1968
Trowbridge	52	60	57	65	78	59
Salisbury	70	71	88	91	67	66
Swindon	124	110	118	105	130	120
Corsham	66	37	26	19	13	7
Marlborough	9	8	12	15	19	17
Chippenham	—	27	39	33	35	30
Tidworth	—	—	—	10	21	22
Devizes	—	—	—	—	—	13

New Cases

The 334 children were referred in the first instance by : —

	1963	1964	1965	1966	1967	1968
School medical officers	91	93	58	51	63	56
Chief Education Officer	8	10	20	10	16	8
Children's Officer	9	4	14	22	9	12
Head teachers	29	22	27	41	69	48
Parents	25	20	36	41	48	49
General medical practitioners	56	74	83	83	70	75
Probation officers	11	7	15	6	7	10
Medical specialists	3	6	11	11	5	15
Juvenile court	8	8	5	4	9	4
Swindon Borough School Medical Officer	81	69	71	69	76	57
(including other sources of reference in Swindon as listed above)						

Children's Problems

The problems for which the 334 children were referred are summarised under the following classifications:—

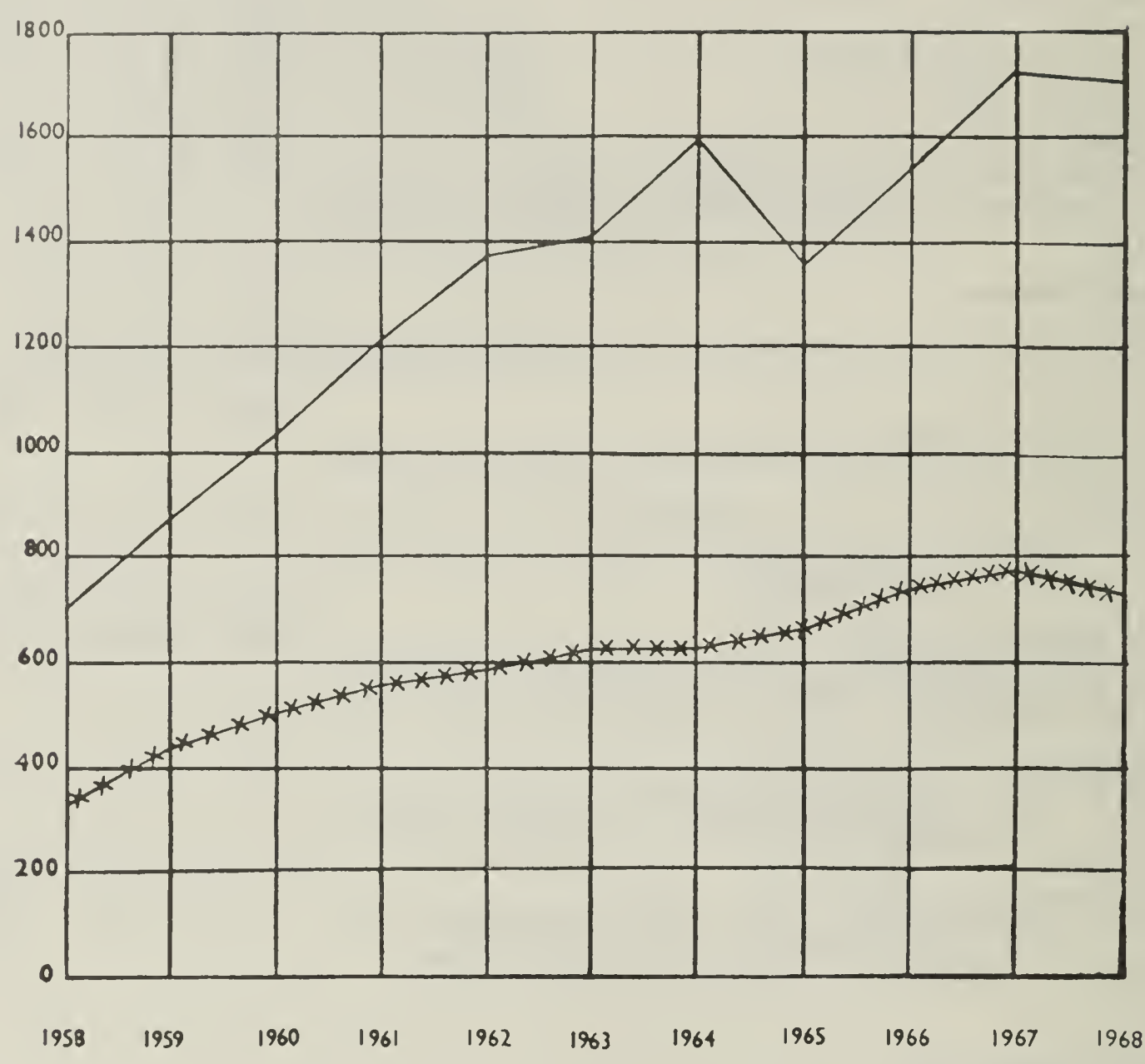
	1963	1964	1965	1966	1967	1968
(1) Nervous Disorders (e.g. fear, seclusiveness, depression, excitability or obsessions)	37	32	36	23	20	21
(2) Habit Disorders and Physical Symptoms (e.g. speech, sleep, movement, feeding and excretory disorders, nervous pains, fits)	103	88	93	101	70	64
(3) Behaviour Disorders (e.g. unmanageable temper, aggressiveness, jealousy, demanding attention, stealing, lying, truancy, sex difficulties)	121	147	163	175	235	207
(4) Educational and Vocational Difficulties (e.g. backwardness, inability to concentrate, special disabilities)	42	33	33	24	22	18
(5) Special Examination (e.g. educational advice, vocational guidance, court examination and advice to the Children's Officer)	18	13	15	15	25	24

Analysis of Closed Cases

							Unchanged				Total	
							Treatment unsuccessful		Other reasons			
Ascertained as E.S.N.	...	...	...	...	—	(—)	—	(—)	6	(—)	6	(—)
Treatment completed	...	...	...	...	152	(133)	—	(1)	—	(—)	152	(134)
Recommended special education	...	...	...	...	—	(1)	—	(—)	—	(1)	—	(2)
Left school, removed from district, and/or referred to other agencies	...	...	...	...	16	(13)	1	(—)	19	(15)	36	(28)
Closed at parent's request	...	...	...	...	6	(8)	—	(1)	9	(3)	15	(12)
Non-co-operation of parents	...	...	...	...	6	(—)	1	(4)	2	(11)	9	(15)
TOTALS	...	...	...	...	180	(155)	2	(6)	36	(30)	218	(191)

The figures in brackets relate to 1967.

ATTENDANCES AT CHILD GUIDANCE CLINICS.



xxxxxx Number of children attending child guidance clinics

———— Number of attendances at child guidance clinics

TREATMENT OF NOCTURNAL ENURESIS

Clinics for the treatment of nocturnal enuresis by the bell apparatus continued. The number of children treated and the percentage who were dry after the first course of treatment each year, for the past ten years, are as follows :—

	1959	1960	1961	1962	1963	1964	1965	1966	1967	1968
Number completed first course of treatment	38	31	28	32	41	60	94	97	101	99
Percentage dry after first course ...	52.7	61.3	60.7	50.0	54.0	76.7	71.3	74.2	72.0	69.7

The following table shows the number of children treated during 1968 :—

Under treatment at the beginning of 1968	...	...	...	...	...	45	(43)
Commenced treatment during year	...	...	...	...	...	113	(112)
Removed from the County before treatment completed	...	...	...	...	...	8	(9)
Under treatment at the end of the year	...	...	...	...	...	42	(45)
Completed first course of treatment during the year	...	...	...	...	...	99	(101)

The results of the treatment of the children who completed the first course were as follows :—

Treatment successful	...	...	...	...	...	...	69	(72)
Improved but not completely cured	...	...	...	...	...	...	13	(16)
Treatment not successful :—								
Parents and children unco-operative	...	...	...	...	...	3		
Referred to child guidance	...	...	...	...	...	3		
Child afraid of apparatus	...	...	...	...	...	—
Referred back to paediatrician who referred them	...	...	...	...	...	2		
Referred to family doctor for treatment	...	...	...	...	...	9		
							17	(13)
							99	(101)
							—	—

Awaiting appointments on 31st December :

Chippenham	...	...	...	...	...	...	...	...	23	(11)
Corsham	...	...	...	...	...	...	...	...	—	(4)
Melksham	...	...	...	...	...	...	...	...	2	(1)
Salisbury	...	...	...	...	...	...	...	...	48	(29)
Trowbridge	...	...	...	...	...	...	...	...	11	(21)
Warminster	...	...	...	...	...	...	...	...	2	(4)
Tidworth	...	...	...	...	...	...	...	...	10	(16)
									96	(86)
									—	—

Figures in brackets relate to 1967.

Further treatment or other appropriate action is considered for each child who is not dry after a course of treatment. Six months after treatment has been completed enquiries are made about all children who have become dry, and any who have relapsed are given further appointments. Thirteen were found in 1968 to have relapsed and the results of their further appointments were as follows :—

Dry after further course of treatment	...	...	...	...	6
Referred to child guidance	...	...	...	...	1
Referred to family doctor for treatment	...	...	...	...	1
Under treatment at the end of the year	...	...	...	...	3
To have a further course of treatment in 1969	...	...	...	...	1
Parents refused further treatment	...	...	...	...	1
					13
					—

Handicapped Children

The table on page 24 and the diagrams on pages 25, 26 and 27 show the numbers of handicapped children who have been found to need special educational treatment during 1968 and during the past eleven years.

Routine screening of children for possible educational subnormality is carried out at the age of seven. All children of that age are given the appropriate Moray House Picture Test by their head teachers who mark the results and send the marked test papers to County Hall where the results are reviewed by the educational psychologists who investigate all those who according to the picture test have an I.Q. of 80 and below. A number of children with an I.Q. of less than 80 are found to have satisfactory attainments* and further tests are not given to these for the time being but the children kept under observation. Other children are, however, given further intelligence tests by the psychologists and where necessary children are further examined by medical officers for possible educational subnormality.

In carrying out these tests it has been hoped that some guidance would be obtained on the incidence of children requiring a special school or class for educational subnormality. Up-to-date national estimates of this are not easy to obtain but the Department of Education and Science pamphlet "Special Educational Treatment" issued in 1946 suggests as a rough guide that although ten per cent of registered pupils may be expected to need special educational treatment of some kind for educational subnormality, in an area which consisted of rural and smaller urban districts, only about four per thousand would need to have facilities for a special school provided for them.

During 1968, 5,604 children were given a junior screening test but of the 466 who as a result were thought to need further investigation six left the County or were dealt with otherwise and it was only possible to follow-up 371. It would, therefore, be appropriate to compare the final results not against 5,604 tested but only that proportion of these who were followed-up i.e. $\frac{371}{460} \times 5,604$ or 4,520. From the figures given in the pamphlet ("Special Educational Treatment") it could be expected that eighteen of these (four per thousand) would require admission to a special school. In fact thirteen of them were recommended for admission to special schools or classes and this number could increase as a result of the observation for which some of the others have been noted.

Apart from the value of this screening procedure in the early detection of children who are educationally subnormal and in noting for observation any others whose progress may give cause for concern, it has a value for teachers in discovering children of previously unsuspected high ability.

In 1968 the questionnaire was sent to all schools where the screening procedure had been carried out and a large majority of teachers consider that the tests are useful and that they merit the teacher and pupil time involved in their administration and marking. The following is a summary of the replies. However, many schools were unable to answer all the questions shown because of changes of head teachers and this explains the difference in numbers for the various items.

1.	How many of the children tested by the 7+ Screening Procedure in 1965 revealed :			
	(a) educational subnormality unsuspected by the teachers	32	out of 3,259	(165 schools)
	(b) high ability unsuspected by the teachers	89	out of 3,604	(162 schools)
2.	Do you consider that the screening procedure is succeeding in its main purpose of bringing to early notice children in need of special educational treatment ?	Yes 173	No 46	No definite comment 33
3.	Do you consider the test :			
	(a) superfluous	...	...	33
	(b) desirable	...	...	156
	(c) necessary	...	...	43
4.	Do you consider that its findings merit the teacher and pupil time involved in its administration and marking ?	Yes 207	No 41	No definite comment 8

*See note at foot of table "Follow-up of Moray House Picture Tests" on Page 23.

The following tables show the results of the screening tests administered in the Autumn of 1967 and followed up in 1968. Comparable figures for the previous year are given in brackets.

No. given Moray House picture test ...	...	5,604	(5,479)
No. with I.Q. 75 and below on this test ...	...	254	(184)
No. with I.Q. 76—80 on this test ...	...	212	(194)
Total I.Q. 80 and below ...		466	(378)

FOLLOW-UP OF MORAY HOUSE PICTURE TESTS

A. Tested by Psychologists and results

B. Not tested by Psychologists

	Moray House 75 and below	Moray House 76—80	Total		Moray House 75 and below	Moray House 76—80	Total
I.Q. 50 and below	— (—)	— (—)	— (—)	Referred to child guidance centre ...	1 (1)	— (1)	1 (2)
51— 60 ...	2 (2)	— (—)	2 (2)	Left district before could be seen by psychologist ...	2 (1)	3 (—)	5 (1)
61— 70 ...	19 (12)	3 (2)	22 (14)	Awaiting testing by psychologists on 31.12.68 ...	63 (55)	27 (74)	90 (129)
71— 80 ...	33 (21)	18 (3)	51 (24)				
81—90 ...	31 (23)	20 (11)	51 (34)				
91—100 ...	10 (11)	6 (6)	16 (17)				
100 and over ...	2 (1)	— (2)	2 (3)				
Total A ...	97 (70)	47 (24)	144 (94)	Total B ...	66 (57)	30 (75)	96 (132)
Total of A and B ...				240	(226)		
*Satisfactory attainments and to be kept under observation ...				226	(152)		
				466	(378)		

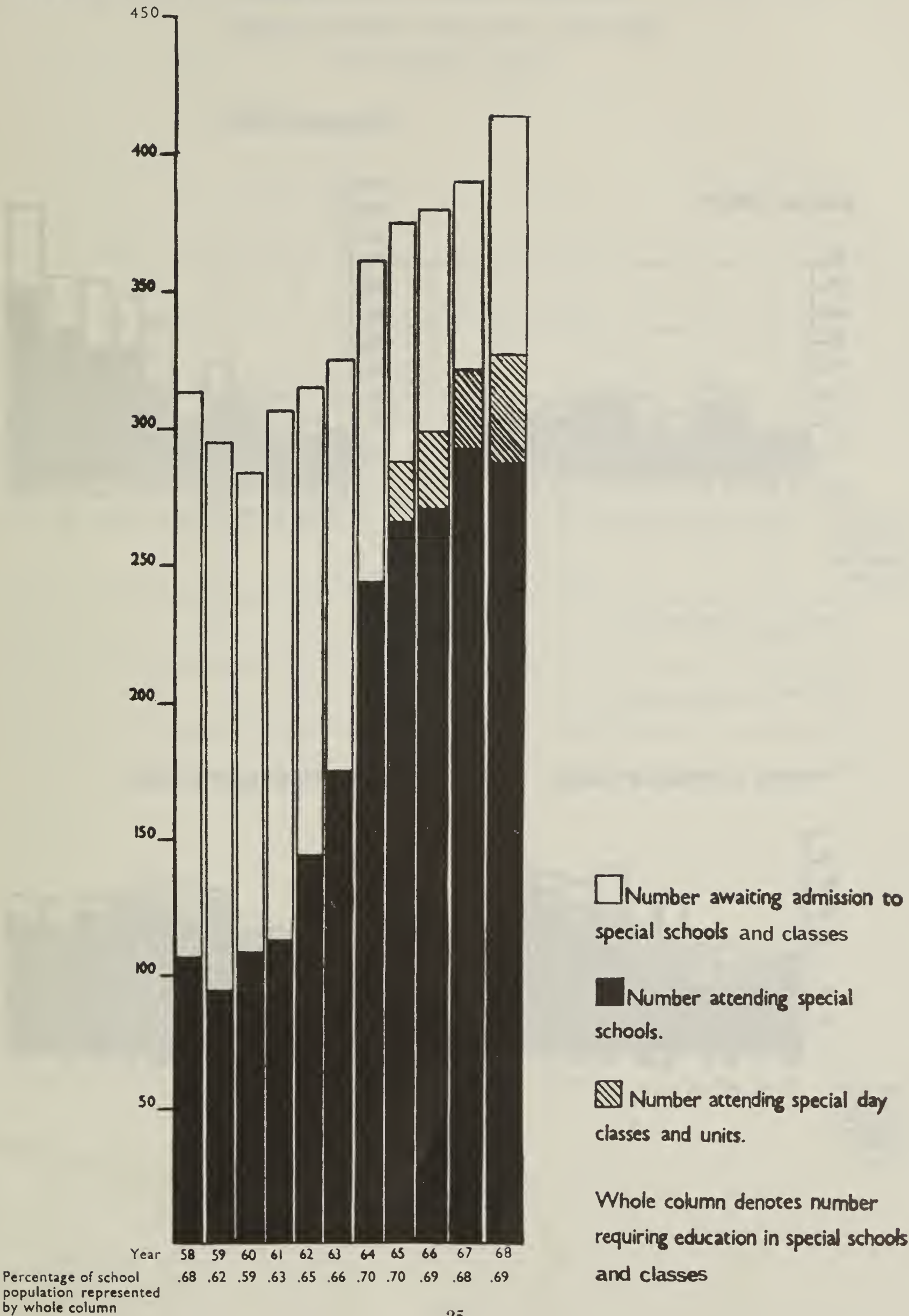
Following the psychologists' investigations 14 of the children were further examined by medical officers for possible educational subnormality and the results are given below :—

Recommended for special school for E.S.N. ...	10	(16)
” ” special class ” ” ...	3	(5)
” ” special educational treatment in an ordinary school ...	1	(7)
” no further action at present ...	—	(5)
Total ...	14	(33)

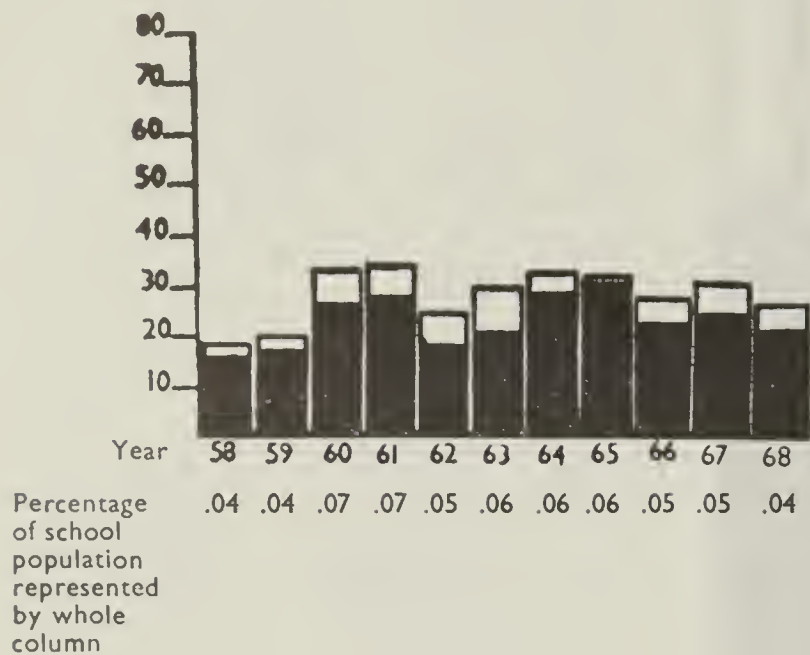
The results of the psychologists' and the medical officers' investigations, whether any action was considered necessary at present or not, have been noted and will be followed-up at school medical examinations or by the psychologists.

*See second paragraph on page 22.

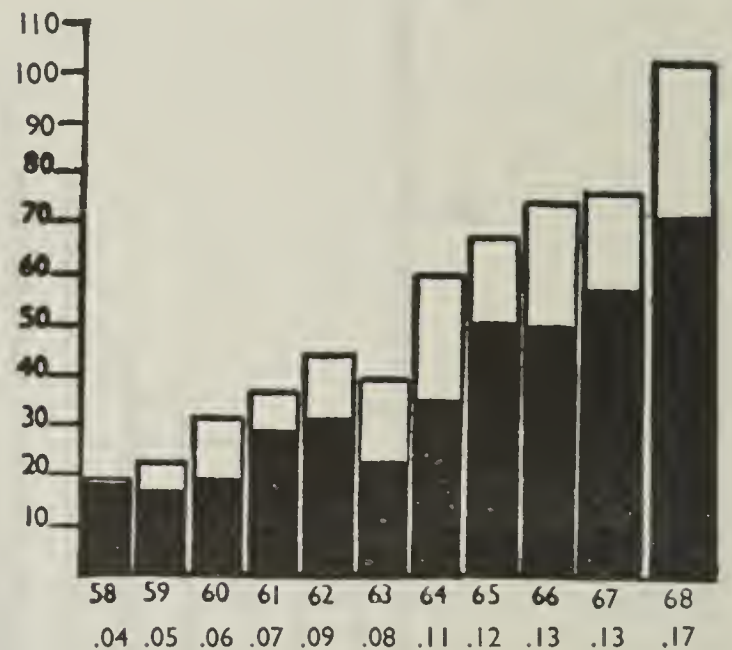
Educationally Sub-Normal Children.



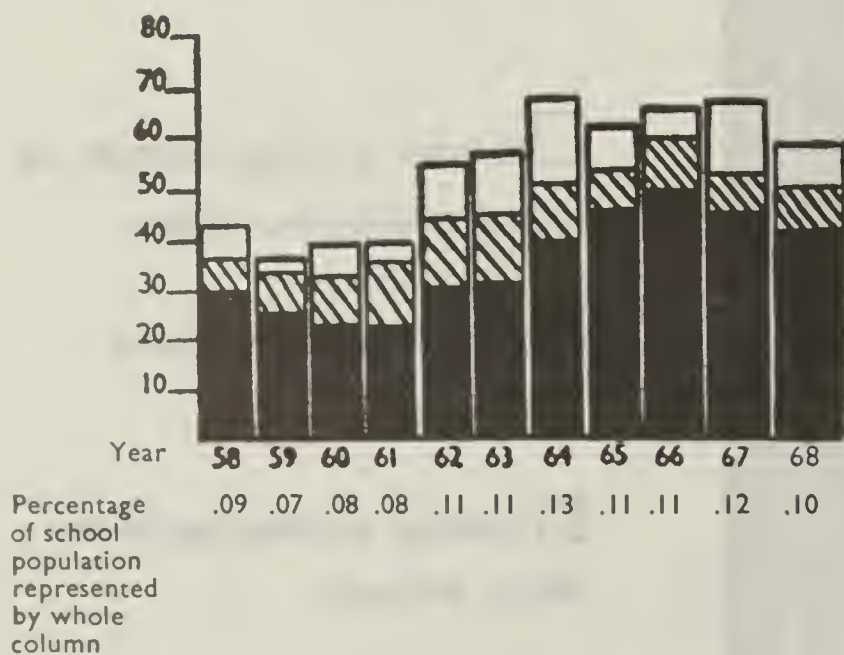
Delicate Children.



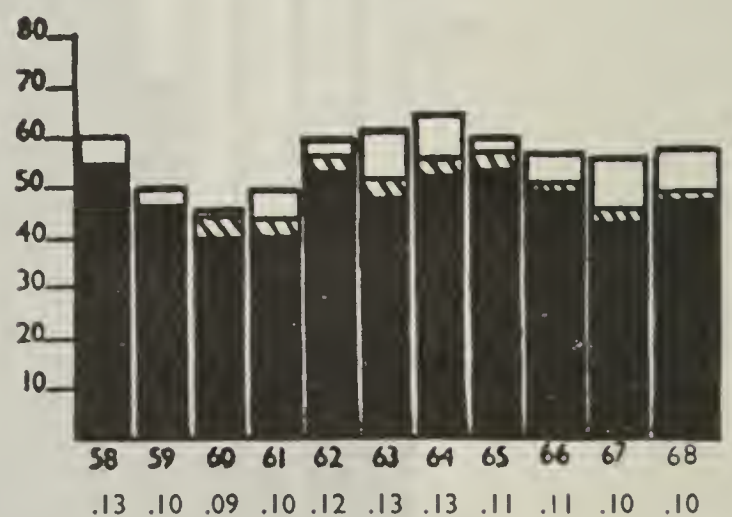
Maladjusted Children.



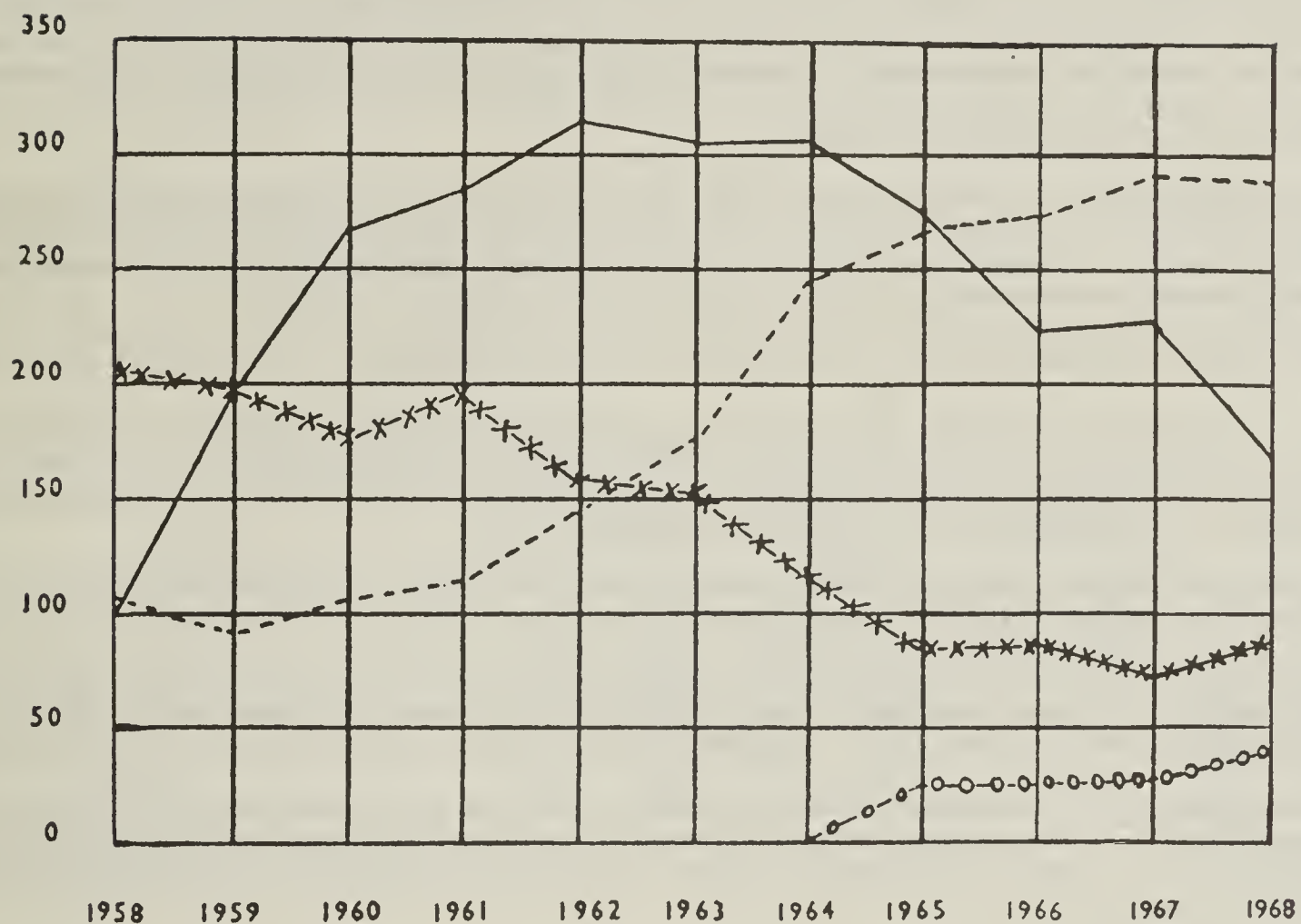
Physically Handicapped Children.



Other Handicapped Children.



**EDUCATIONALLY SUB-NORMAL CHILDREN
REQUIRING SPECIAL EDUCATIONAL TREATMENT
AND IN SPECIAL SCHOOLS**



--- In special schools.

x-x-x Awaiting admission to special schools.

— For special educational treatment in ordinary schools.

o-o-o In special classes attached to ordinary schools.

Dental Examination and Treatment

REPORT OF PRINCIPAL SCHOOL DENTAL OFFICER

The Department of Health and Social Security is due to publish the results achieved after eleven years of fluoridation studies about the middle of next year and I hope the findings will enable the County Council to give approval to the fluoridation of water. Nearly half of the forty-six thousand school children examined during the year were found to be suffering from the disease of dental decay and this valuable public health measure would substantially reduce the average amount of decay found in children's teeth and greatly increase the proportion of children with teeth completely free of decay.

The slightly improved staffing position throughout the year enabled us to examine ten thousand more children than the previous year. However, this still left sixteen thousand children without a yearly examination and offer of treatment. It would appear therefore, taking into account the national shortage of dentists and the disturbing increase in the number of children appearing on the rolls of our maintained schools, that it is unlikely for the foreseeable future we will be able to examine each school child at least yearly and to offer treatment to those who need it without the aid of water fluoridation to reduce the demand on the dentists' surgical time.

Staff appointments during the year have been as following : Mr. Lacey, dental officer, Salisbury area, was appointed to a vacancy caused by the resignation of Mrs. Gould in 1967 ; Miss Pierce, dental auxiliary, Salisbury area, replaced Miss Rumford, who left to take up an appointment as a tutor at the New Cross School for Dental Auxiliaries ; Miss Haddingham, dental auxiliary, Chippenham area.

It has still not been possible to fill the vacant orthodontist's post. An appointment was made, but unfortunately the candidate selected withdrew a week before he was expected to commence.

No purpose built dental clinic has been opened during the year, but premises have been converted at Wroughton and these became available for use in September. This clinic will provide dental treatment facilities for the growing school population area of Wroughton and also release a mobile clinic for the more rural districts.

Parental interest in orthodontic treatment continues to increase and the demand for this type of treatment is growing steadily. Unfortunately, owing to our failure to appoint a second orthodontist, it has not been possible to expand the service and in the Salisbury, Swindon and Chippenham areas there is a considerable waiting list (six to twelve months).

Our dental health education work continues. Apart from the sessions given entirely to this work, the dental staff spend a considerable amount of this time on individual chairside instruction on oral hygiene and in training the younger children to accept dental treatment happily. The dental auxiliaries and some of the dental surgery assistants are producing good dental health education posters and material. Mr. Heath, Calne dental officer, is hoping to produce an operetta with a dental health message next year.

I regret to have to report the death of Mrs. Fawcett, part-time orthodontist, in June. At the time of Mr. Jones' retirement, she readily agreed to look after the Swindon and Melksham orthodontic clinics until a replacement was made. She bravely carried on these clinics until the very last month of her illness. She will be sadly missed by her colleagues, children and parents.

Finally, I should like to thank all members of the dental staff for their continued support and the teachers for their willing co-operation over appointments and school dental examinations.

Examinations :

(a) Number of children examined :—								
	At school	...	...	38,061	(32,694)			
	At clinic	...	...	8,557	(3,915)			
	Total	...	...	...	...	46,618	(36,609)	
(b)	Number found to require treatment	...	...	...	...	22,714	(18,299)	
(c)	Number offered treatment	...	...	...	...	19,774	(17,367)	
(d)	Number of children re-examined at clinics	...	...	...	...	2,123	(4,102)	
(e)	Number of (d) found to require treatment	...	...	...	...	1,113	(1,596)	

Sessions :

Sessions devoted to treatment	5,736	(5,235.2)
Sessions devoted to examination	...	...	...	...	...	...	496	(425.6)
Sessions devoted to Dental Health Education	...	...	...	...	...	...	159	(160.1)

Treatment				Ages 5 to 9		10 to 14		15 and over		Total	
Number of children treated	...	...	...	6,996	(6,247)	5,960	(5,568)	1,059	(904)	14,015	(12,719)
Total attendances for treatment	...	...	...	20,010	(17,964)	21,876	(20,186)	4,269	(3,527)	46,155	(41,677)
Fillings in permanent teeth	...	...	...	6,786	(5,931)	14,892	(12,316)	3,797	(3,070)	25,475	(21,317)
Permanent teeth filled	...	...	...	5,426	(4,968)	12,522	(11,071)	3,190	(2,370)	21,138	(18,409)
Fillings in deciduous teeth	...	...	...	11,677	(9,504)	754	(891)	—	—	12,431	(10,395)
Deciduous teeth filled	...	...	...	10,210	(8,218)	672	(541)	—	—	10,882	(8,759)
Permanent teeth extracted	...	...	...	235	(220)	1,431	(1,362)	303	(362)	1,969	(1,944)
Deciduous teeth extracted	...	...	...	5,326	(4,671)	1,402	(1,418)	—	—	6,728	(6,089)
General anaesthetics given	...	...	...	1,170	(843)	470	(338)	50	(29)	1,690	(1,219)
Number of children X-rayed	...	...	...							597	(653)
Prophylaxis (scaling, cleaning, gum treatment etc.)	...	...	...							5,731	(3,836)
Teeth otherwise conserved	...	...	...							3,171	(2,892)
Number of teeth root filled	...	...	...							59	(57)
Inlays	...	...	...							4	(5)
Crowns	...	...	...							43	(46)
Dentures											
Children fitted with full upper or lower dentures											
(first time)				3	(1)	8	(—)	2	(6)	5 18	(7)
Children supplied with other dentures (first time)				6	(3)	21	(12)	13	(15)	40	(30)
Number of dentures supplied	...	...	...	10	(5)	21 12	(20)	18	(18)	49 40	(43)
Orthodontics											
Cases remaining from previous year	...	...								943	(906)
New cases commenced during the year	...	...								321	(361)
Cases completed during the year	...	...								244	(233)
Cases discontinued during the year	...	...								121	(91)
Number of removable appliances fitted	...	...								786	(768)
Number of fixed appliances fitted	...	...								15	(22)
Children referred to hospital consultant	...	...								—	(—)

The figures in brackets relate to 1967.

Health Education

The following gives an indication of the amount of formal health education work undertaken.

Health and Hygiene talks :

Parentcraft talks in schools	...	...	...	...	1,004 school periods
Health talks in schools	...	...	...	...	633 school periods
Parentcraft and child-care talks in Colleges of further education	...	...	...	...	231 periods
Discussion groups and films to Mothers' Clubs and Mother and Father Clubs	...	...	...	...	168 meetings
Health talks to other bodies including youth clubs and parent-teacher associations	...	...	...	...	205

Dental Health Education :

Half-day sessions by dental officers and dental auxiliaries	159 sessions
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Personal Relationships :

Talks and films by team of medical officers and health visitors shown in	69 sessions in 7 secondary schools
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First Aid Courses :

Courses of 20 lessons on junior first aid at	16 secondary schools
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Prevention and Control of Disease in Schools

SCHOOL PREMISES

The inspection of school premises by school medical officers and the County Public Health Inspector was continued throughout the year and defects were referred to the Chief Education Officer.

SCHOOL MEALS HYGIENE

The inspection of school meals premises was continued during the year in an endeavour to ensure that the premises and methods conformed with the standard required by the Food Hygiene Regulations. Defects and deficiencies found were reported to the Chief Education Officer.

The Chief Education Officer has kindly provided the following details concerning school meals :—

Number of children supplied with meals	...	...	...	...	41,220
Number of children supplied with free meals	...	...	...	...	6,582
Percentage of school population supplied with meals	...	...	...	...	71.3 ⁰ / ₁₀₀

SCHOOL MILK

School milk suppliers are supervised by the County Public Health Inspector, including sources of supply, sampling, and investigation of complaints. Pasteurised milk only is used. Milk is no longer supplied to secondary school children.

I am indebted to the Chief Education Officer for the information that 31,795 primary school children outside of the Excepted District of Swindon were supplied with milk on an average day in October. This was 86.3 per cent of the primary school population.

PROTECTION OF SCHOOL CHILDREN AGAINST TUBERCULOSIS

B.C.G. Immunisation

The number of school children who received B.C.G. immunisation against tuberculosis was 3,360. Further details under this heading are given in my report as Medical Officer of Health.

Excepted District of Swindon

MEDICAL EXAMINATION AND TREATMENT

Return for the Year Ended the 31st December, 1968

The following information relates to the Excepted District of Swindon but the Principal Borough School Medical Officer also compiles a report which gives further details.

Number of pupils on registers of maintained primary and secondary schools (including special schools) in January 1968—20,758.

Medical Examination of Pupils attending Maintained and Assisted Primary and Secondary Schools (including Special Schools)

PERIODIC MEDICAL EXAMINATIONS

Age Groups Inspected (by year of birth)	Number of Pupils examined	Satisfactory Condition of Pupils examined	Pupils found to require treatment (excluding dental diseases and infestation with vermin)		
			For defective vision (excluding squint)	For any other condition recorded	Total Individual Pupils
1964 and later	1	1	—	—	—
1963	1,120	1,116	35	40	70
1962	1,540	1,512	44	57	81
1961	634	634	15	15	30
1960	70	69	3	5	5
1959	22	22	1	2	2
1958	100	99	5	12	12
1957	53	53	1	2	2
1956	10	10	1	2	2
1955	5	5	—	—	—
1954	167	167	20	1	20
1953 and earlier	688	688	39	5	42
TOTAL	4,410	4,376	164	141	266
1967	2,633	2,626	82	95	164

Defects found by Medical Examinations During the Year—Periodic Examinations

All defects, including defects of pupils at Special Schools, noted at periodic medical examinations are included in this Table, whether or not they were under treatment or observation at the time of the examination.

T=Defect considered to require treatment.
O=Defect considered to require observations.

Defect or Disease									Periodic Inspection			Total
									Entrants	Leavers	Others	
Skin	...	...	...	...	...	...	...	T	10	3	2	15
								O	147	35	5	187
Eyes :	(a)	Vision	...	...	...	...	...	T	97	59	8	164
								O	397	147	28	572
	(b)	Squint	...	...	...	...	...	T	20	—	—	20
								O	55	4	7	66
	(c)	Other	...	...	...	...	...	T	1	—	—	1
								O	15	4	1	20

Defect or Disease								Periodic Examination			Total
								Entrants	Leavers	Others	
Ears :	(a)	Hearing	...	...	...	...	T	6	—	—	6
							O	84	2	5	91
	(b)	Otitis Media	...	...	...	...	T	3	1	—	4
							O	38	3	2	43
	(c)	Other	...	...	...	...	T	1	—	—	1
							O	8	4	1	13
Nose and Throat	...	...	...	...	...	...	T	8	—	3	11
							O	107	9	1	117
Speech	...	...	...	...	...	...	T	17	—	2	19
							O	90	7	8	105
Lymphatic Glands	...	...	...	...	...	...	T	1	—	—	1
							O	42	2	—	44
Heart	...	...	...	...	...	...	T	10	1	—	11
							O	87	13	3	103
Lungs	...	...	...	...	...	...	T	2	—	—	2
							O	66	12	4	82
Developments :	(a)	Hernia	...	...	...	...	T	3	—	—	3
							O	5	1	1	7
	(b)	Other	...	...	...	...	T	2	—	1	3
							O	19	3	—	22
Orthopaedic	(a)	Posture	...	...	...	...	T	2	—	1	3
							O	15	4	1	20
	(b)	Feet	...	...	...	...	T	10	—	2	12
							O	154	13	12	179
	(c)	Other	...	...	...	...	T	4	1	2	7
							O	67	7	3	77
Nervous System :	(a)	Epilepsy	...	...	...	...	T	—	—	1	1
							O	6	2	1	9
	(b)	Other	...	...	...	...	T	—	—	1	1
							O	14	4	4	22
Psychological :	(a)	Development	...	...	...	...	T	1	—	4	5
							O	59	—	9	68
	(b)	Stability	...	...	...	...	T	3	—	4	7
							O	208	1	8	217
Abdomen	...	...	...	...	...	...	T	4	—	—	4
							O	33	5	—	38
Other	...	...	...	...	...	...	T	4	—	—	4
							O	21	1	—	22

OTHER EXAMINATIONS

A special examination is one that is carried out at the special request of a parent, doctor, nurse, teacher, or other person.

A re-examination is one arising out of one of the periodic medical examinations or out of a special examination.

Number of Special Examinations		...	...	941	(1,113)
Number of re-examinations		...	...	287	(308)
Total		...	...	1,228	(1,421)

SPECIAL EXAMINATIONS

All defects, including defects of pupils at Special Schools, noted at special medical examinations are included in this Table, whether or not they were under treatment or observation at the time of the examination.

									Special Examinations	
Defect or Disease									Pupils requiring treatment	Pupils requiring observation
Skin	...	...	...	...	...	...	...	...	265	85
Eyes	(a)	Vision	...	...	...	...	...	...	68	53
	(b)	Squint	...	...	...	...	...	...	2	—
	(c)	Other	...	...	...	...	...	...	11	1
Ears	(a)	Hearing	...	...	...	...	...	...	5	5
	(b)	Otitis Media	...	...	...	...	...	...	3	1
	(c)	Other	...	...	...	...	...	...	3	—
Nose and Throat			...	...	...	...	...	...	7	3
Speech	...	...	...	...	...	...	...	...	1	6
Lymphatic Glands			...	...	...	...	...	...	—	1
Heart	...	...	...	...	...	...	...	...	5	14
Lungs	...	...	...	...	...	...	...	...	1	20
Developmental—	(a)	Hernia	...	...	...	...	...	...	1	—
	(b)	Other	...	...	...	...	...	...	4	2
Orthopaedic—	(a)	Posture	...	...	...	...	...	...	—	10
	(b)	Feet	...	...	...	...	...	...	21	41
	(c)	Other	...	...	...	...	...	...	9	3
Nervous System—	(a)	Epilepsy	...	...	...	...	...	...	—	1
	(b)	Other	...	...	...	...	...	...	—	—
Psychological—	(a)	Development	...	...	...	...	...	...	—	6
	(b)	Stability	...	...	...	...	...	...	7	9
Abdomen	...	...	...	...	...	...	...	...	3	1
Other	...	...	...	...	...	...	...	...	7	1

INFESTATION WITH VERMIN

Notes :—

All cases of infestation, however slight, are included. The numbers recorded at (b), (c) and (d) relate to individual pupils, and not to instances of infestation.

(a)	Total number of individual examinations of pupils in schools by school nurses or other authorised persons	...	...	...	18,500	(26,600)
(b)	Total number of individual pupils found to be infested	...	...	...	179	(357)
(c)	Number of individual pupils in respect of whom cleansing notices were issued (Section 54(2), Education Act, 1944)	...	...	...	16	(33)
(d)	Number of individual pupils in respect of whom cleansing orders were issued (Section 54(3), Education Act, 1944)	...	...	...	—	(—)

EYE DISEASES, DEFECTIVE VISION AND SQUINT

									<i>Number of cases known to have been dealt with</i>	
External and other, excluding errors of refraction and squint	...	...	...	...	...	...	...	...	11	(17)
Errors of refraction (including squint)	...	...	...	...	...	...	...	...	785	(838)
Total	...	...	...	...	...	...	...	...	796	(855)
Number of pupils for whom spectacles were prescribed	...	...	...	...	...	...	...	...	446	(512)

SPEECH THERAPY

									<i>Number of cases known to have been treated</i>	
Pupils treated by Speech Therapists	...	...	...	...	...	...	...	...	164	(138)

The figures in brackets relate to 1967.

OTHER TREATMENT GIVEN

Number of cases known to have been dealt with

(a) Pupils with minor ailments	...	...	...	...	...	513	(469)
(b) Pupils who received B.C.G. Vaccination	...	...	...	...	...	1,308	(1,238)

DISEASES AND DEFECTS OF EAR, NOSE AND THROAT

Number of cases known to have been dealt with

Received operative treatment :—							
(a) for diseases of the ear	...	...	...	...	...	28	(28)
(b) for adenoids and chronic tonsilitis	...	...	...	...	...	189	(173)
(c) for other nose and throat conditions	...	...	...	...	...	18	(29)
Received other forms of treatment	...	...	...	...	...	—	(2)
TOTAL						235	(232)

REMEDIAL EXERCISES

Number of cases known to have been treated

Pupils treated at school for postural defects	79	(84)
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DISEASES OF THE SKIN

Number of cases known to have been treated at school clinics

Ringworm	(a)	Scalp	...	...	...	...	...	...	—	(—)
	(b)	Body	...	...	...	...	...	...	3	(—)
Scabies	...	...	...	...	...	...	...	...	7	(6)
Impetigo	...	...	...	...	...	...	...	...	—	(—)
Other skin diseases			...	...	...	...	...	...	265	(169)
TOTAL			...	...	...	...	...	...	275	(175)

The figures in brackets relate to 1967.

HANDICAPPED CHILDREN

During 1968, decisions were recorded under Section 57 of the Education Act, 1944 that 11 children were unsuitable for Education in School.

Ascertained during 1968				Admitted to special schools during 1968		Parents refused consent to admission to special school		No. in special schools on 31.12.68		No. awaiting admission to special schools on 31.12.68	
Category				Admission to special school							
				M	F	M	F	M	F	M	F
Blind	...	...	...	—	—	—	1	1	1	—	—
Partially sighted	...	...	...	—	—	—	—	3	1	—	—
Deaf	...	...	...	3	3	1	1	1	3	3	3
Partially Hearing	...	...	...	2	—	1	—	5	2	—	—
Educationally sub-normal	...	...	...	21	15	24	18	119	108	10	6
Epileptic	...	...	...	—	—	—	—	—	—	—	—
Maladjusted	...	...	...	8	—	6	1	17	2	6	—
Physically Handicapped	...	...	...	1	—	1	—	2	3	—	—
Delicate	...	...	...	—	—	—	—	2	—	—	—
Speech	...	...	...	—	—	—	—	—	—	—	—
				35	18	33	21	150	120	19	9

PROTECTION OF SCHOOL CHILDREN AGAINST TUBERCULOSIS

The vaccination of children of the 13-14 years age group against tuberculosis continued during 1968.

All children were given a preliminary skin test to see whether vaccination was necessary. By this means, some 5.9 per cent were found to have acquired some protection against tuberculosis and therefore did not require vaccination.

Number of 13-year-old children skin tested	1,406	(1,589)
Number of negative re-actors (i.e. requiring B.C.G. Vaccine) ...	1,323	(1,238)
Number of positive re-actors	83	(321)
Number vaccinated	1,308	(1,238)

DENTAL EXAMINATION AND TREATMENT

(a) Number of children examined		
At school	1,382	(2,320)
At clinic	1,466	(2,122)
TOTAL	2,848	(4,442)
(b) Number found to require treatment	1,742	(2,629)
(c) Number offered treatment	1,730	(2,571)
(d) Number of children re-examined at clinics	406	(526)
(e) Number of (d) found to require treatment	240	(358)

SESSIONS

Sessions devoted to treatment	585	(708)
Sessions devoted to examination	14	(8)
Sessions devoted to Dental Health Education	—	(3)

Treatment	Ages 5 to 9		Ages 10 to 14		Ages 15 and over		Total	
Number of children treated	749	(1,071)	535	(727)	100	(113)	1,384	(1,911)
Total of attendances for treatment	1,993	(2,876)	1,634	(2,393)	368	(349)	3,995	(5,618)
Permanent teeth filled	540	(554)	1,222	(1,713)	379	(307)	2,141	(2,574)
Deciduous teeth filled	1,444	(1,560)	58	(78)	—	(—)	1,502	(1,638)
Permanent teeth extracted	71	(46)	296	(319)	66	(82)	433	(447)
Deciduous teeth extracted	1,213	(935)	366	(312)	—	(—)	1,579	(1,247)
General anaesthetics given	144	(11)	35	(—)	5	(—)	184	(11)
No. of children X-rayed							154	(97)
Prophylaxis (scaling, cleaning, gum treatment, etc.)							184	(260)
Teeth otherwise conserved							103	(675)
Number of teeth root filled							14	(13)
Inlays							—	(1)
Crowns							19	(10)
DENTURES								
Children fitted with full upper or lower dentures (first time)	—	(—)	—	(—)	—	(—)	—	(—)
Children supplied with other dentures (first time)	1	(—)	9	(11)	6	(—)	16	(11)
Number of dentures supplied	1	(—)	9	(11)	6	(—)	16	(11)
ORTHODONTICS								
Cases remaining from previous year							23	(11)
New cases commenced during the year							19	(29)
Cases completed during the year							10	(17)
Cases discontinued during the year							1	(3)
Number of removable appliances fitted							26	(35)
Number of fixed appliances fitted							—	(—)
Children referred to County Orthodontist							31	(70)

The figures in brackets relate to 1967.

APPENDIX

Clinics provided directly by the Education Authority and under arrangements with
Regional Hospital Boards

Type of Clinic	Treatment or Examination provided by the Education Committee	
*Child Guidance ...	Trowbridge : County Health Clinic Mondays, 10 a.m. and 1.30 p.m.	Swindon : 81 Bath Road Thursday, 10 a.m. and 1.30 p.m.
	Salisbury : Central Health Clinic, Avon Approach, Castle Street Monday, 9.15 a.m. Alternate Tuesdays 9.15 a.m.	Swindon : The Clinic, Priory Road Friday, 9.45 a.m.
	Marlborough : County Council Clinic, 8 Kingsbury Street 2nd and 4th Tuesdays, 2 p.m.	Chippenham : County Health Clinic Tuesday, 10 a.m.
	Tidworth : Families Medical Centre, Military Hospital 1st and 3rd Fridays, 2.00 p.m.	Corsham : County Council Clinic 2nd and 4th Tuesdays, 9.30 a.m. (closed 28.5.68)
*Dental	Bradford-on-Avon : Lambert Memorial Hall Fridays 9.30 a.m. and by appointment	Melksham : County Health Clinic Tuesdays 9.30 a.m. and by appointment
	Calne : 64 Anchor Road Thursdays, 9.30 a.m. and by appointment	Salisbury : Central Health Clinic, Avon Approach, Castle Street, by appointment
	Chippenham : County Health Clinic, Goldney Avenue Mondays, 9.30 a.m. and by appointment	St. Michael's Parish Room, Bemerton Heath By appointment
	Corsham : County Council Clinic, Fuller Ave. Friday, 9.30 a.m. and by appointment	Swindon : School Dental Clinic, Health Centre 1st and 3rd Fridays, 2 p.m. and by appointment
	Devizes : County Council Clinic, New Park Street Fridays, 9.30 a.m. and by appointment	Trowbridge : County Health Clinic Wednesday, 9.30 a.m. and by appointment
	Highworth : Recreation Centre Alternate Thursday afternoons and by appointment	Warminster : County Health Clinic, The Avenue Friday, 9.30 a.m. and by appointment
	Marlborough : County Council Clinic, 8 Kingsbury Street Friday, 9.30 a.m. and by appointment	Wroughton : County Health Clinic, 77 High Street, by appointment
	Chippenham : County Health Clinic 1st and 3rd Wednesdays at 2 p.m.	Trowbridge : County Health Clinic Tuesday, 10 a.m.
*School Medical Officer's Clinics	Salisbury : Central Health Clinic, Avon Approach, Castle Street Alternate Wednesday mornings from 9.30 a.m.	
*Speech Therapy ...	Amesbury : Methodist Hall Tuesday and Thursday, 9.30 a.m.	Salisbury : Central Health Clinic, Avon Approach, Castle Street Monday and Tuesday, 9.30 a.m. to 1.30 p.m. Wednesday, Thursday and Friday, 9.30 a.m.
	Chippenham : County Health Clinic Thursday and Friday 9.30 a.m. and 1.30 p.m. Tuesday 1.30 p.m.	Trowbridge : County Health Clinic Wednesday, 9.30 a.m. and 1.30 p.m.
	Corsham : Fuller Avenue Alternate Wednesdays, 9.30 a.m.	Warminster : County Health Clinic Wednesday, 9.30 a.m.
	Devizes : County Council Clinic, New Park Street Wednesday, 9.30 a.m.	Swindon : Highworth R.D.C. Offices, Bath Road Monday, 9.30 a.m. and 1.30 p.m. Thursday, 9.30 a.m.
	Highworth : Recreation Centre, The Elms, Highworth Tuesday, 9.30 a.m.	
	Melksham : County Health Clinic Thursday and Friday, 9.30 a.m.	Calne : The Surgery, Station Road, Calne Wednesday, 9.30 a.m.
	Mere : Lecture Hall Thursday, 9.30 a.m.	

*See note at foot of page 38.

Type of Clinic			Treatment or Examination provided by Regional Hospital Boards	
Ophthalmic	...	...	Chippenham and District Hospital 1st, 3rd and 5th Thursdays at 9.30 a.m. and 4th Tuesday at 9.30 a.m.	Salisbury General Infirmary Monday, 9.15 a.m. Every Tuesday, 9.30 a.m. in school terms
			Corsham: County Council Clinic, Fuller Avenue Wednesday (by arrangement) 10 a.m. and 1 p.m.	Swindon : Ophthalmic Department, Princess Margaret Hospital, Okus Road Monday, 9.30 a.m.
			Devizes and District Hospital Monday, 2 p.m.	Trowbridge : County Health Clinic Wednesday (by arrangement) 10 a.m. and 1 p.m.
			Malmesbury and District Hospital 1st and 3rd Friday in the month, 3 p.m.	Warminster : Methodist Schoolroom, George Street 2nd, 4th and 5th Friday in month, 2.30 p.m.
			Savernake Hospital Thursday (1st and 3rd in month), 10 a.m.	
Orthopaedic	...	...	Calne : The Surgery, 1 London Road Surgeon attends 2nd Tuesday at 10.30 a.m. Sister attends every Tuesday at 10.30 a.m.	Salisbury General Infirmary Surgeon attends each Wednesday morning at 10 a.m.
			Chippenham : County Health Clinic Corsham : County Council Clinic, Fuller Avenue These two clinics are run in conjunction with each other. Surgeon attends both on 1st Friday in alternate months Sister attends at each Clinic every Wednesday	Swindon : Princess Margaret Hospital, Okus Road By appointment from the Hospital
			Devizes : County Health Clinic Surgeon attends 1st, 3rd and 5th Thursday in the month, 10.15 a.m., and Sister attends 2nd and 4th Thursday, 10.15 a.m.	Marlborough : Savernake Hospital Surgeon attends 2nd and 4th Tuesdays, 10.30 a.m. Sister attends every Tuesday, 10.30 a.m.
			Malmesbury and District Hospital Surgeon attends 2nd Monday in month, 10.30 a.m. Sister attends every Monday, 1st and 5th, from 10 to 10.30 a.m.; 2nd, 3rd and 4th at 10.30 a.m. and 1.30 p.m.	Trowbridge : County Health Clinic Surgeon attends 4th Friday in month 10.30 a.m. and 1.30 p.m. Sister attends every Friday, 10.30 a.m. and 1.30 p.m.
				Warminster : District Hospital Surgeon attends on 1st Monday in month, 10.30 a.m. Weekly clinics held by After-Care Sisters every Monday
Ear, Nose and Throat	...	...	Bath : Royal United Hospital By appointment from the Hospital	Salisbury General Infirmary By appointment from the Hospital
			Chippenham and District Hospital By appointment from the Hospital	Savernake Hospital By appointment from the Hospital
			Cirencester Hospital By appointment from the Hospital	Shaftesbury Hospital By appointment from the Hospital
			Corsham : County Council Clinic, Fuller Avenue 2nd Monday at 2.30 p.m.	Swindon : Princess Margaret Hospital By appointment from the Hospital
			Devizes and District Hospital By appointment from the Hospital	Trowbridge : Trowbridge and District Hospital By appointment from the Hospital
			Malmesbury and District Hospital By appointment from the Hospital	Warminster and District Hospital By appointment from the Hospital
			Melksham and District Hospital By appointment from the Hospital	Westbury and District Hospital By appointment from the Hospital
Heart	...	...	Corsham : County Council Clinic, Fuller Avenue By arrangement	Trowbridge and District Hospital By arrangement
			Salisbury General Infirmary By appointment from the Hospital	

*N.B.—Children for examination at these Clinics should be referred through the Principal School Medical Officer. Child guidance, eye and heart clinics are held *as required* on the days and at the times stated in the table, and are not regular fixed sessions. The dental clinics listed in the table are the normal regular sessions for special and emergency cases. The premises are, however, used also by the dental officers when they are carrying out the routine treatment of children from schools in the neighbourhood.

